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| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 34649-00462USPT | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|------|
| Application No. 09/976834-Conf. #1683 | Filing Date October 12, 2001 | Examiner D. Harvey | Art Unit 2643 | |
| Applicant(s): Jan I. Swerup et al. | | | | |
| METHOD AND APPARATUS FOR KEYPAD REPRESENTATION IN A MOBILE Invention: COMMUNICATION DEVICE | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | | - 20 = | | x |
| Independent Claims | | - 3 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>10-0447</u> as described below. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Michael W. Maddox Attorney Reg. No.: 47,764 | | | Dated: <u>August 16, 2005</u> | |
| JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3700 Dallas, Texas 75202 (214) 855-4614 | | | | |
| <p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: August 16, 2005 Signature: <u>Marcy Overstreet</u> (Marcy Overstreet)</p> | | | | |